

EQUALITY IMPACT ASSESSMENT - JOINT EMOTIONAL WELLBEING AND MENTAL HEALTH COMMISSIONING STRATEGY FOR CHILDREN AND YOUNG PEOPLE 2014 – 2017

1. Topic of assessment

EIA title:	Joint Emotional Wellbeing and Mental Health Commissioning Strategy for children and young people
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EIA author:	Karina Ajayi, Commissioner, Children’s Commissioning Team
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2. Approval

	Name	Date approved
Approved by¹	Ian Banner Sheila Jones Sarah Parker	

3. Quality control

Version number	3	EIA completed	
Date saved	14/2/2014	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Sheila Jones	Head of Countywide Services	SCC, CSF	CAMHS Commissioning member
Ian Banner	Head of Children Services Commissioning	SCC, CSF	CAMHS Commissioning Group Chair
Angela Sargeant	CAMHS Development Manager	SCC,CSF	Pooled Budget Manager
Diane McCormack	Head of Complex Needs and Mental Health	Guildford and Waverly CCG	CAMHS Commissioning member
Kelly Morris	Public Health Principal	SCC,CSF	CAMHS Commissioning member
Karina Ajayi	Commissioner	SCC,CSF	Commissioner

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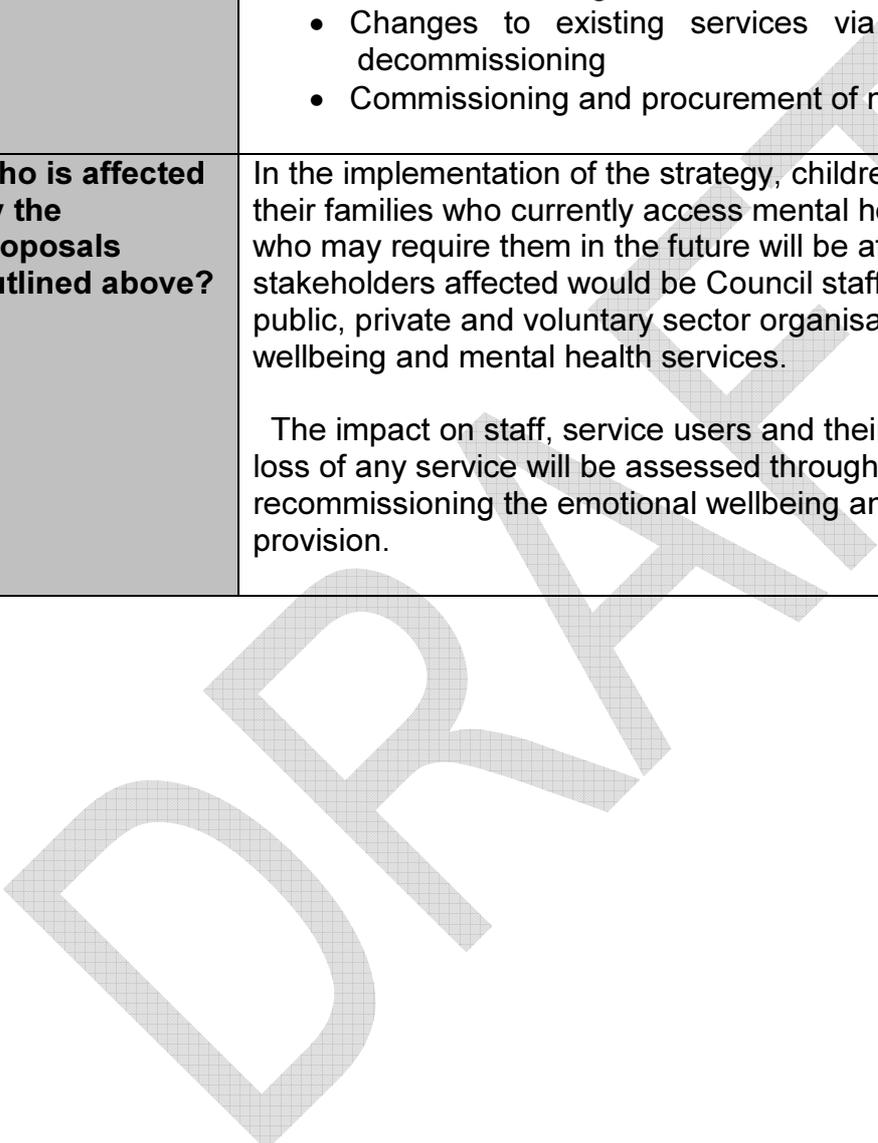
5. Explaining the matter being assessed

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<p>What policy, function or service is being introduced or reviewed?</p>	<p>This is an equality impact assessment of the Surrey Child and Adolescent Mental Health Commissioning strategy. The strategy outlines six key objectives, based upon shared commissioning principles to help inform what services will need to be commissioned or decommissioned over the coming four years. The strategy has been developed at a time of economic challenge and it is essential that the commissioning objectives are acted upon, and that all services current and future are challenged to ensure maximum effectiveness and value for money.</p> <p>The strategy is relevant to <i>all commissioned</i> services that contribute to the emotional wellbeing and mental health care of children and young people.</p> <p>This definition includes;</p> <ul style="list-style-type: none">• Universal services – promoting emotional well-being, including GPs and schools• Targeted services – providing early intervention for vulnerable young people, these services primary function may not necessarily be mental health such as youth workers• Specialist services – providing high quality mental health provision. <p>The strategy outlines what we know about the needs of children and young people with mental health needs. It describes what we do and intend to do to support them.</p> <p>The Commissioning Objectives are:</p> <ol style="list-style-type: none">1. Analysis of need through service reviews, service mapping, resource and gap analysis2. Coproduction with young people and their families including service redesign to promote outcome focussed provision where needed3. Improve and recognise the importance of the mental well-being within families4. Influence and increase local market capacity to deliver responsive and timely evidence based and high quality interventions delivered by a skilled and committed workforce5. Providers will be managed robustly on achieving specific outcomes. Competition will be used to set optimal emotional wellbeing and mental health outcomes for children, young people and their families6. Services are delivered in a non-discriminatory way and no individual or group is prevented from accessing services by way of age, disability, gender, sexual orientation or race <p>The commissioning strategy is also informed by informed by the</p>
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	<p>Surrey Health and Wellbeing strategy; Surrey’s Children and Young People’s strategy 2012-2017 and <i>No Health without Mental Health</i> national strategy.</p>
<p>What proposals are you assessing?</p>	<p>The strategy sets out the agreed direction of travel for the Clinical Commissioning Groups in Surrey and Surrey County Council. The implementation of this strategy is likely to lead to changes in the following:</p> <ul style="list-style-type: none"> • Review of existing services/ functions and remit; • Changes to existing services via service remodelling or decommissioning • Commissioning and procurement of new services
<p>Who is affected by the proposals outlined above?</p>	<p>In the implementation of the strategy, children, young people and their families who currently access mental health services and those who may require them in the future will be affected. Other stakeholders affected would be Council staff and staff employed in public, private and voluntary sector organisations delivering emotional wellbeing and mental health services.</p> <p>The impact on staff, service users and their families caused by the loss of any service will be assessed throughout the process of recommissioning the emotional wellbeing and mental health service provision.</p>



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6. Sources of information

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Engagement carried out
<p>Prior to the drafting of the strategy, stakeholder events have been undertaken with service users and their families to identify emotional wellbeing and mental health needs, alongside stakeholder events with service providers; and practitioners in Services for Young People; Education and school confederations.</p> <p>A survey was undertaken between November and December 2013 to determine the views of stakeholders regarding the draft strategy in addition to focus groups of young people. The feedback will inform the revised strategy and the Surrey Child and Adolescent Mental Health Services (CAMHS) healthcare needs assessment refresh. Where it has been difficult to engage directly with stakeholders, attempts have been made to understand their needs and issues through service representatives Eg Gypsy Roma Travellers; Lesbian, Gay, Transexual, and Bisexual young people; those with English as a Second Language; Refugees and Asylum seekers.</p>
Data used
<p>In addition to the above quantitative data the following have also been used to inform the commissioning strategy.</p> <ul style="list-style-type: none">• Surrey-i, our local data and information portal• Previous CAMHS needs assessment 2009• Joint Strategic Needs Assessment (JSNA) 2010 mental health chapter• Joint Strategic Needs Assessment (JSNA) 2011 sexual orientation chapter• CAMHS 1 in 10 needs assessment (2011)• Annual report for Parent Infant Mental Health, Sexual Trauma and Recovery Service and Targeted approach to Mental Health in Schools• CAMHS Community Nurses audit• Surrey and Borders Partnership Board NHS Foundation Trust performance report• National research• NICE – National Institute for Clinical Excellence• Draft Surrey Child and Adolescent Mental Health Services Healthcare Needs Assessment Refresh January 2014• Council of Europe (2008) Child and teenage suicide in Europe: A serious public health issue: Report Document• Reed, B., Rhodes. S, Schofield. P & Wylie. K (2009) Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution• GIRES. Whittle. S , Turner. L, & Al-Alami.M (2007) Engendered Penalties: Transgender and Transsexual People’s Experiences of Inequality and Discrimination• Surrey County Council (2010): One in Ten Needs Assessment

7. Impact of the new/amended policy, service or function

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In the tables below we have brought together our equality analysis and set out how the new/amended policy, service or function will affect children, young people and their families with emotional wellbeing and mental health needs and staff. This analysis considered how the strategy will:

- advance equal opportunities;
- eliminate discrimination; and
- foster good relations between people that share protected characteristics and those that do not.

Our analysis and evidence gathered was proportionate to the likely scale of impact for children, young people and their families with emotional wellbeing and mental health needs and staff sharing protected characteristics.

Analysis was based on the information gathered from the data and engagement activities listed in section six. The strategy and this draft equality impact assessment will be consulted on and the feedback of the consultation will be taken into account in finalising the EIA and subsequent decisions arising from the implementation of the strategy. Specific details and comments that are relevant for protected characteristics are included in the EIA.

- We have listed ways the strategy might conceivably impact on children, young people and their families.
- Our analysis did not identify that the proposal needs to be amended in order to deal with the equalities implications identified in this EIA.
- Our analysis identified mitigating actions or ongoing monitoring required when the consultation is completed, and decision on the options is agreed.
- We consider that there will be no impact on particular protected characteristics for the reasons stated.

Annex 1 contains detailed guidance about the issues we considered when assessing impact of the joint commissioning strategy.

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7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ²	Potential positive impacts	Potential negative impacts	Evidence
Age	The strategy seeks to address the mental health needs of service users from pre-birth to adolescence, whilst ensuring support for parents/carers as well as ensuring age appropriate interventions	None	Half of all lifetime mental health problems emerge before the age of 14. Early detection and treatment of mental ill health can dramatically reduce the duration, severity and loss of quality life associated with mental ill health (<i>No Health Without Mental Health: HM Government 2011</i>)
Disability	<p>One of the six objectives is to ensure services are delivered in a non-discriminatory way and that no individual or group with protected characteristics is prevented from accessing services.</p> <p>Information about local services will be included in the local offer as part of the SEND reforms.</p>	None	<p>The prevalence of mental disorders was greater among children in households in which someone received disability benefit (24%), compared with those that received no disability benefit (8%). It is estimated 40% of children with Learning Disability have mental health problems. (Surrey i)</p> <p>Need highlighted for professionals to ensure that emotional wellbeing and mental health is part of the holistic assessment and care planning arrangements for all children, particularly those from vulnerable groups and for targeted parenting groups concerning the emotional wellbeing and mental health of children with disabilities especially those with autism.</p>
Gender reassignment	Gaps in the data and service for this cohort have been identified. GIRES research may be a useful source of	None	Increasing numbers are presenting with gender identity questioning and CAMHS are looking at how to develop practice with this group of marginalised

² More information on the definitions of these groups can be found [here](#).

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	<p>information</p>		<p>young people locally as there is a gap in targeted services and little gender variance support. GIRES may be a useful source of information.</p> <p>Council of Europe: Trans people (adults and young people) have reported that they have experienced transphobic bullying, harassment and discrimination in public places, schools, in the workplace and within their families. It is recognised that these experiences can have a negative impact on mental health and that there is a higher incidence of suicidality amongst lesbian, gay, bisexual and transgender young people than in the wider youth population</p> <p>Whittle et al, 2007 Access to medical treatment and safe accommodation are also key issues for these children and young people</p>
<p>Pregnancy and maternity</p>	<p>Strategy seeks to ensure provision is in place across the life course from pre birth to late adolescence.</p> <p>The need to build further capacity in the existing service has been identified. A perinatal service is needed for women who develop mental illness during this time or whose existing mental health may deteriorate.</p>	<p>None</p>	<p>Pregnancy and Maternity and early years - promoting maternal mental health and reducing depression and improving attachment (NICE)</p> <p>The Parent Infant Mental Health service aims to promote positive, secure early attachments between babies and their parents where a mental health vulnerability or risk has been identified. The aim of the You and Your Baby connecting service is to support and offer early intervention for young mothers in care or care leavers to promote positive, secure early attachments.</p>

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<p>Race</p>	<p>The strategy seeks to ensure timely interventions for harder to reach communities e.g. Gypsy & Roma Traveller, Black & Minority Ethnic communities, those with English as a second language and for refugees and asylum seekers by providing culturally sensitive services and considering other access routes/options for services</p>	<p>None</p>	<p>Gypsy and Traveller children's mental health needs may be hidden from the system due to difficulty in accessing and engaging with services and there is a need to understand how access to services can be improved. It is estimated that there are 3000 Gypsy and Traveller children in Surrey (Surrey i)</p> <p>There are increasing numbers of children in Surrey schools with English as a second language</p> <p>All services concerned with refugees and asylum seekers need to be cognisant to the potential emotional wellbeing and mental health needs and ensure appropriate recording</p> <p>Services need to understand the communities they serve and their attitudes towards and perceptions of, mental health and the need to recognise it as an issue for their children and young people in order to improve access and reduce stigma.</p>
<p>Religion and belief</p>	<p>The strategy seeks to ensure that everyone has improved access to the services/provision that they may need. Providers will ensure that staff are aware of the needs and issues experienced by those with a religion or belief</p>	<p>None</p>	
<p>Sex</p>	<p>None</p>	<p>None</p>	
<p>Sexual orientation</p>	<p>Need for better awareness and understanding of the needs of Lesbian, Gay,</p>	<p>None</p>	<p>11-16 years is a critical period for most LGBT young people when they may be at risk of discrimination including bullying in schools and be vulnerable to</p>

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	<p>Bisexual and Transgender young people has been highlighted in universal services.</p> <p>Barriers experienced by LGB young people in accessing services will be addressed in the development of future provision. Services will understand and respond proactively to issues relating to sexual identity which may be experienced by young people.</p>		<p>using self harm as a coping mechanism</p> <p>JSNA Chapter: Sexual Orientation: Using mid-2009 population estimates, there is an estimated 5,700 young people aged 11-16 that are lesbian, gay, bisexual, transgender or questioning (LGBTQ) in Surrey. Identity-related stigma contributes to an increased risk of:</p> <ul style="list-style-type: none"> • Bullying and social exclusion – 34% of LGBTQ young people are estimated to have experienced homophobia whilst in school • Domestic Abuse – a third of LGBTQ young people are estimated to have experienced bullying at home by a parent <p>Council of Europe:</p> <ul style="list-style-type: none"> • There is a higher incidence of suicidality amongst lesbian, gay, bisexual and transgender young people than in the wider youth population • Young homeless lesbian, gay and bisexual people have can have specific emotional and psychological needs relating to the difficulties they have faced coming to terms with their sexuality in unsupportive environments • LGBTQ young people are more likely to be bullied at school, face barriers in accessing health care and suffer poorer health than the heterosexual population
<p>Marriage and civil partnerships</p>	<p>None</p>	<p>None</p>	

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<p>Looked After Children</p>	<p>Additional support can be accessed through specialist CAMHS or the Children in Care (3C's) service. This provides a single referral and care pathway for looked after children with significant mental health or emotional difficulties or displaying signs of emerging complex emotional and psychological difficulties and mental health needs.</p>		<p>The needs assessment refresh has highlighted that looked after children are nearly five times more likely to have a mental health disorder than all children. Recent NICE guidance (modified April 2013) suggests that almost 60% of looked after children struggle with emotional and mental health</p>
<p>Carers & Young Carers</p>	<p>The needs of Carers and young carers have been identified within the needs assessment refresh</p>		<p>Recommendation for routine assessment of their needs by a relevant professional and for carers champions to be embedded in CAMHS service provision</p>

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7b. Impact of the proposals on staff with protected characteristics

The staff group who may be potentially affected by the recommissioning process are from an external provider, not SCC staff.

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
<p>Age</p>	<p>None identified at this stage</p>	<p>None identified at this stage</p>	<p>When specific commissioning decisions are under consideration, the impact for staff will be reviewed and taken into account</p>

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Disability	None identified at this stage	None identified at this stage	When specific commissioning decisions are under consideration, the impact for staff will be reviewed and taken into account
Gender reassignment	None identified at this stage	None identified at this stage	When specific commissioning decisions are under consideration, the impact for staff will be reviewed and taken into account
Pregnancy and maternity	None identified at this stage	None identified at this stage	When specific commissioning decisions are under consideration, the impact for staff will be reviewed and taken into account
Race	None identified at this stage	None identified at this stage	When specific commissioning decisions are under consideration, the impact for staff will be reviewed and taken into account
Religion and belief	None identified at this stage	None identified at this stage	When specific commissioning decisions are under consideration, the impact for staff will be reviewed and taken into account
Sex	None identified at this stage	None identified at this stage	When specific commissioning decisions are under consideration, the impact for staff will be reviewed and taken into account
Sexual orientation	None identified at this stage	None identified at this stage	When specific commissioning decisions are under consideration, the impact for staff will be reviewed and taken into account
Marriage and civil partnerships	None identified at this stage	None identified at this stage	When specific commissioning decisions are under consideration, the impact for staff will be reviewed and taken into account

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